

REQUEST FOR QUALIFICATIONS

***FMS AGENCY-WITH-CHOICE PROVIDERS
FOR PARTICIPANTS RECEIVING
CALIFORNIA SELF-DIRECTED SERVICES***

CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES

Release Date: June 19, 2008

I. GENERAL INFORMATION

A. BACKGROUND

California self-directed services (SDS) for individuals with developmental disabilities will serve individuals who expressly elect to self-direct their supports and services. Self-direction is an approach that supports people with developmental disabilities to plan, obtain, sustain and manage services that meet their individual needs and achieve personally defined outcomes in the most inclusive community setting based upon five principles:

1. Freedom – The individual, with freely chosen family and friends, plans his or her life and customizes the purchase of needed resources and services.
2. Authority – The individual controls a certain sum of dollars in order to purchase the necessary supports.
3. Support – For the individual in arranging for resources and formal/informal personnel to assist him or her to reside in the community.
4. Responsibility – As evidenced through acceptance of a valued role in the community, and accountability for spending public dollars in ways that are life-enhancing.
5. Leadership – Through recognition of the important leadership role that self-advocates must hold in SDS.

The California Developmental Disabilities Services Act (Lanterman Act), Welfare and Institutions Code §4500 et. seq., established the community-based regional center service delivery system for individuals with developmental disabilities. The Lanterman Act was amended in 2005 to add §4685.7 to authorize the SDS program, contingent upon approval of a 1915(c) Home and Community-Based Services (HCBS) Waiver by the Centers for Medicare and Medicaid Services (CMS).

An application for the HCBS Waiver is currently under review by CMS. Subject to approval of the HCBS Waiver, the California Department of Developmental Services (DDS) will implement SDS in Budget Year 2008-2009. The SDS program will serve 164 participants in the first year increasing to 3,081 in the third year. The SDS program will be implemented statewide through the 21 community-based nonprofit corporations (regional centers) under contract with DDS.

The goal of the SDS program is to support individuals with developmental disabilities and their families (when appropriate) to exercise choice and control over needed services and supports and thereby their lives. The SDS program offers an extensive array of services and supports that are intended to enhance community integration, personal empowerment and the achievement of positive outcomes for each participant. It is a requirement under the SDS program that participants have an individually selected Financial Management Service (FMS) provider to assist them in meeting their responsibilities under the Employer and Budget Authorities afforded by the SDS program. There are three categories of FMS providers: Fiscal/Employer Agents (F/EA) operating under §3504 of the IRS code and Revenue Procedure 70-6 and Proposed Notice 2003-70, as applicable, FMS Agency with Choice (AWC), and designated unpaid FMS providers.

OVERVIEW

The purpose of this supplement is to provide a guide for organizations who wish to be certified by DDS as qualified to provide FMS AWC services to participants in the SDS program for individuals with developmental disabilities. To become an FMS provider, organizations and individuals must first obtain an Affidavit of Certification from DDS and then

be vendored by regional centers in accordance with California Code of Regulations, Title 17 §54300. Certification is verification by DDS that FMS AWC providers meet the standards and qualifications to provide FMS AWC support to SDS program participants. **Certification by DDS as evidenced by an Affidavit of Certification is a requirement for vendorization but does not guarantee that an organization or individual will be vendored by a regional center.**

B. PURPOSE OF REQUEST FOR QUALIFICATIONS

The purpose of this request for qualifications (RFQ) is to identify organizations interested in becoming FMS AWC providers certified by DDS. The Affidavit of Certification must be obtained prior to organizations applying for vendorization. The materials submitted to meet the requirements for certification will be binding upon certification and will be used for purposes of regional center vendorization. To be certified, the organization must meet all standards and qualifications set forth in this RFQ. This application constitutes the description of the service and supports provided by the FMS AWC provider, typically referred to as the program design, and will include the rate or fee schedule that will be charged by the FMS AWC provider.

C. INVITATION TO SUBMIT AN APPLICATION FOR CERTIFICATION

DDS invites applicants interested in being certified to become a FMS Agency-With-Choice provider to submit an application as set forth in this Request For Qualifications (RFQ). Applicant is defined as an individual who is the sole proprietor, Executive Director, or person serving in like capacity within the organization. This RFQ is for the provision of FMS AWC services in all areas of the State for individuals with developmental disabilities who have been determined by DDS to be eligible to receive SDS. Only certified FMS AWC providers will be eligible to become vendored by a regional center.

D. LIBRARY/RESOURCES AVAILABLE TO APPLICANT

Relevant material related to this RFQ, including the HCBS Waiver, will be posted at the following DDS address: www.dds.ca.gov/SDS and www.dds.ca.gov.

E. RFQ COORDINATOR

Requests for copies of the RFQ and written questions or inquiries must be directed to the RFQ Coordinator listed below:

Stella Bertrand
Department of Developmental Services
1600 9th Street, MS 3-13
Sacramento, CA 95814
(916) 654-3696
FAX (916) 654-2192
stella.bertrand@dds.ca.gov

This RFQ is available in electronic form at www.dds.ca.gov/SDS/RFQ.cfm, in PDF format or in printed form by submitting a written request to the RFQ Coordinator.

F. APPLICANT INQUIRIES

DDS will consider only written inquiries regarding RFQ requirements or application requirements before the date specified in the Schedule of Events. To be considered, written inquiries and requests for clarification of the content of this RFQ must be received at the above address or via the above fax number or email by the date specified in the Schedule of

Events. Any and all questions directed to the RFQ Coordinator will be deemed to require an official response and a copy of all questions and answers will be posted to the following web address: www.dds.ca.gov/SDS/RFQ.cfm by the date specified in the Schedule of Events. Similar questions will be paraphrased and a single answer provided.

Action taken as a result of verbal discussion shall not be binding on DDS. Only written communication and clarification from the RFQ will be considered binding.

G. SCHEDULE OF EVENTS

DDS reserves the right to deviate from this Schedule of Events.

Events	Tentative Schedule
Release of RFQ	June 19
Deadline for Receipt of Written Questions	June 27
Response to Written Questions	July 7
Deadline for Receipt of Applications for Certification	July 11
Evaluation of Applications for Certification	July 31
Notification of Results of Evaluation	July 31

H. RFQ ADDENDA

In the event it becomes necessary to revise any portion of this RFQ for any reason, DDS shall distribute addenda supplements, and/or amendments to all potential requestors known to have received the RFQ. Additionally, all such supplements shall be posted at the following web address: www.dds.ca.gov/SDS/RFQ.cfm.

II. APPLICANT QUALIFICATIONS

A. OVERVIEW: PROJECT TASK

The result of this RFQ will be a list of qualified FMS AWC Providers that will be eligible for vendorization by one or more of the 21 regional centers in accordance with California Code of Regulations, Title 17, §54300. Regional centers are responsible for providing service coordination and/or purchase of services for individuals with developmental disabilities. The array of services and supports for each individual are detailed in his or her Individual Program Plan (IPP) developed through a person-centered planning process. Under the SDS program, the regional centers continue to provide service coordination and funding for services and supports defined in the IPP. However, the SDS model provides for the development of an individual budget (IB) that enables the participant to direct and manage his/her services and supports outside of the array of service providers that have been vendorized by the regional center. Under this model, the participants manage their personal supports, purchase goods, and arrange for and direct services from agencies and independent contractors. The tools that determine the kind and amount of services, supports and goods are the IPP and the IB.

B. Scope of FMS AWC Services

The HCBS Waiver can be located on the SDS Home Page at www.dds.ca.gov/SDS. As detailed in the HCBS Waiver Service Description (Appendix C), the FMS AWC provider will operate as a co-employer¹ with the SDS participant(s) for the purpose of ensuring that the necessary employer-related duties and tasks, including payroll, are carried out. Under this FMS model, the FMS AWC provider is the primary employer (employer of record) of the service worker and the participant or representative is the secondary or “managing” employer of his/her service worker. In the FMS AWC model, the participant or his/her representative, when appropriate, determines the amount of employer-related assistance they wish to receive from the FMS AWC provider. The FMS AWC provider may furnish additional assistance, as specified by the participant or his/her representative, as appropriate and provided for in the participant’s IPP and IB to aid the participant in managing his/her own personal support services.

Organizations applying for FMS AWC provider certification must provide the full range of FMS AWC services.

FMS AWC providers will operate as co-employers with SDS participants (participants) for the purpose of ensuring that the necessary employer related duties and tasks, including payroll are carried out as described below. FMS AWC providers shall be certified by DDS. The FMS AWC provider requirements include:

1. Being employers of record for service workers employed by the agency including those who are recruited, referred and managed by participants.
2. Providing the co-employment services in which the participant or his/her representative, as appropriate has the right to:
 - a. Recruit and refer prospective service workers to the FMS AWC provider for hire and assignment back to the participant.
 - b. Orient and train service workers.
 - c. Determine service workers’ terms and conditions of work and work schedules.
 - d. Supervise service workers’ day-to-day activities.
 - e. Evaluate service workers’ performance.
 - f. Discharge service workers as necessary from their work sites (homes).
 - g. Request that the FMS AWC provider refer service workers for consideration and assignment to the participant.

¹ Under the co-employment FMS AWC model, the agency is the primary employer (employer of record) and the participant or his/her representative is the secondary or “managing” employer of his/her service worker(s). The FMS AWC provider is responsible for the human resource, payroll and Medi-Cal provider requirements. The participant or his representative is responsible for recruiting and referring his or her service workers to the FMS AWC provider for hire and then training, supervising and discharging his/her service workers. The FMS AWC provider also may provide supportive services to assist the participant in recruiting service workers and being a managing employer.

3. Providing the following co-employment services, when a participant or his/her representative chooses not to perform the function(s): *(The FMS AWC provider also may refer service workers as requested by participants for consideration for assignment to the participant):*
 - a. Recruit and hire service workers.
 - b. Set terms and conditions of work.
 - c. Supervise their service workers day-to day activities.
 - d. Evaluate service workers' performance.
 - e. Discharge service workers.
4. Developing a system to enroll and disenroll a participant or representative, as appropriate, with the FMS AWC.
5. Ensuring that service workers referred by the participant to the agency for hire or referred to the participant by the agency for consideration for assignment to the participant meet applicable employment requirements established for the service. Processing criminal background clearances and obtaining clearances on prospective employees as required or requested.
6. Implementing and maintaining a service worker registry to assist participants, when requested, to access candidates for employment and/or backup service workers.
7. Developing and implementing an effective customer service system for participants and representatives including the ability to: (1) communicate in languages other than English and including American Sign Language and using a TTY line and/or state relay system, (2) produce and distribute information and forms in alternate print, (3) receive, respond to/resolve and track the receipt of calls and grievances from participants and their representatives and service workers, including the reporting of incidents to the regional center as a mandatory reporter, and (4) provide services in accordance with the philosophy of self-direction.
8. Establishing a system for developing and maintaining FMS AWC, participant, service worker, and vendor records and files (both current and archived) that is secure and HIPPA compliant.
9. Developing a Disaster Recovery Plan for restoring software and master files and hardware backup if management systems are disabled. The Disaster Recovery Plan shall be tested and procedures practiced at least annually.
10. Performing accurate and timely payroll services, providing workers compensation insurance and other benefits administration for service workers, as applicable.
11. Using generally accepted accounting practices for record keeping.
12. Providing skills training to participants or representatives as requested regarding recruiting, training, managing and discharging employees.
13. Developing a FMS AWC Policies and Procedure Manual that includes policies, procedures and internal controls for all FMS AWC tasks. This Manual shall be updated as needed and at least annually.

14. Providing standard and individualized training to service workers and including the participant and/or representative as defined in the Service Design submitted to the regional center as a part of the approved vendorization application.
15. Developing a system and written policies and procedures and internal controls for staying up-to-date with waiver program rules, policies, and procedures.
16. Developing and implementing a quality assurance program to ensure continuous quality improvement including measurements of participant/representative satisfaction.
17. Reporting special incidents as required by Title 17, CCR, §54327.
18. Providing information to and receiving information from the regional center electronically, as required.
19. Demonstrating the ability to submit claims to the regional center for payment to the FMS for services rendered.
20. Demonstrating the ability to accept payment from the regional center electronically.

C. Criminal History Background Clearance

As a condition of providing FMS services, the applicant shall be subject to a criminal history background check. DDS shall have the authority to approve or deny an application for certification as an FMS provider based upon the results of the applicant's criminal history background review. The applicant shall submit to DDS the completed request for criminal history background check by completing the required DDS forms. These forms can be obtained by contacting:

Stella Bertrand
Department of Developmental Services
1600 9th Street, MS 3-13
Sacramento, CA 95814
(916) 654-3696
FAX (916) 654-2192
stella.bertrand@dds.ca.gov

The applicant must be fingerprinted by a local law enforcement agency that conducts Live Scan fingerprinting for transmittal to the Department of Justice (DOJ). The DOJ shall conduct the criminal history background check and submit the information electronically to DDS. For those individuals who have not resided continuously in California for the past two years, the criminal history background check shall include criminal history record information maintained by the Federal Bureau of Investigation. Any expense related to the completion of the criminal history background check is the responsibility of the applicant.

DDS shall review the criminal history report and provide written notification to the applicant as to the eligibility or ineligibility to provide FMS services. Any applicant may seek an exemption to a denial of eligibility. Following the receipt of all information necessary to evaluate any exemption request, the Director of DDS shall either grant or deny the exemption. Any applicant may appeal the Director's denial of the request for exemption.

A clearance or exemption for an applicant for one participant shall be transferable as a clearance or exemption to provide services to additional participants as long as the criminal record clearance has been processed through DDS, and no subsequent arrests have been received.

III. APPLICATIONS FOR CERTIFICATION

A. GENERAL INFORMATION

This section outlines the provisions which govern determination of compliance of each applicant's response to this RFQ. DDS shall determine, at its sole discretion, whether or not the requirements have been reasonably met. Omissions of required information, fraudulent or misleading statements, and vague or non-specific responses to required information shall be grounds for rejection of the application by DDS.

B. APPLICATION SUBMISSION

Applicants should submit information and documents defined in the Application for Certification and the FMS AWC Check List of Required Application Documents. There is no intent to limit the documentation for the application. Applicants may include any additional information deemed pertinent. Emphasis should be on simple, straightforward and concise statements of the organization's ability to satisfy the requirements of the RFQ. Please do not mark pages as confidential as all information may become public information.

All applications must be received by the time and date indicated on the Schedule of Events. Applications received after the time and date will not be considered. It is the sole responsibility of each applicant to assure that its application is delivered at the specified location prior to the deadline. Supplemental information may be accepted if the supplemental information is received prior to the deadline for receipt of application for certification.

Applications must be submitted in hard copy. Hard copies may be hand delivered or mailed. Each such submission shall consist of an original and seven (7) copies of the application plus one electronic copy on CD. This RFQ is for the purpose of obtaining certification to provide services as an FMS AWC provider. An FMS AWC provider cannot be certified as both an FMS AWC provider and an F/EA.

Applications are to be mailed or delivered to:

Stella Bertrand
Department of Developmental Services
1600 9th Street, MS 3-13
Sacramento, Ca 95814

C. APPLICATION COST

The applicant assumes sole responsibility for any and all costs associated with the preparation and reproduction of any application submitted in response to this RFQ, and shall not include this cost or any portion thereof in the proposed rate.

D. OWNERSHIP OF APPLICATION

All applications become the property of DDS and will not be returned to the applicant. Applications will become public information.

**Department of Developmental Services (DDS)
Self-Directed Services (SDS)
Financial Management Service (FMS)
Agency-With-Choice (AWC)
Application for Certification**

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REQUIREMENTS FOR CERTIFICATION

Please provide information for each of the areas listed below. Failure to provide the required information will result in a denial of the application. In some cases, the California-specific Policies and Procedures Manual may satisfy the requirement. If the manual is utilized in this manner, applicants **must** include a document that tracks the application requirement to the specific section and pages in the manual.

The FMS AWC provider acts as the primary employer (employer of record), and a co-employer with the participant or his/her representative. The FMS AWC provider must be trained and demonstrate an understanding of FMS AWC role and responsibilities and the philosophy of participant self direction. As used in this document, "participant" means the participant or the participant's representative.

I. Checklist of Required Documents

Prior to vendorization by a regional center, a prospectively paid FMS AWC provider shall apply for certification from DDS by providing the information and documentation listed in the FMS AWC checklist of required application documents (see Addendum 1) as well as responses to the topics listed in this document.

II. Basic Federal and State Requirements

A. The FMS AWC must comply with the California state laws and regulations in order to do business in the State of California. The FMS must provide proof, certified copy of a certificate in good standing, that you are duly registered and in good standing with the office of the California Secretary of State in order to transact business in the State of California, pursuant to all state laws and regulations. This certificate is not required if you are a sole proprietorship. If you are sole proprietorship, you must obtain a business license with the county or city in which you are doing business and must provide an endorsed copy of your business license showing proof that you are licensed and in good standing with the county or city in which you are doing business.

B. The FMS AWC must provide proof that they have all required business licenses.

C. Medi-Cal² Provider Agreement

In California, the Medi-Cal Provider Agreement is executed by the regional center as a part of the vendorization process. For the purposes of obtaining certification, applicants are required to provide the following:

1. A list of states with which the applicant currently has been approved to provide FMS AWC services and there is an executed Medi-Cal Provider Agreement;
2. A list of states with which the applicant has previously been approved to provide FMS AWC services and there was an executed Medi-Cal Provider Agreement;

² Medi-Cal is the California term for Medicaid

3. A list of the reasons that the previously approved and executed Medi-Cal Provider Agreements were terminated;
4. A statement certifying that the FMS AWC provider is in good standing with the states it currently provides FMS AWC services to;
5. A list of any judgments that were rendered administratively or by the courts that was based upon FMS AWC services provided;
6. Describe the FMS AWC system of written policies and procedures and internal controls in place for ensuring that all services providers hired by the participant have an executed Medi-Cal Provider Agreement on file; and,
7. Describe the FMS AWC system of written policies and procedures and internal controls in place for monitoring the receipt of the participants unique client identification (UCI) number.

D. Conflict of Interest

1. The FMS AWC provider certifies that personnel assigned to provide services to SDS participants are free of any conflict of interest and are not employees or board members of any of the following entities:
 - ☐ DDS
 - ☐ Regional Center; or
 - ☐ Another service provider providing services to the participant
2. The FMS AWC provider certifies that personnel assigned to provide services to SDS participants are not employees or board members of the following entities: *(If the participant is receiving services from these entities):*
 - ☐ State Council on Developmental Disabilities; or
 - ☐ Protection & Advocacy; Inc.
3. Describe the policies, procedures, and internal controls the applicant/agency has for ensuring that participants are given the opportunity to select any qualified service workers, including those who work for another agency or independently. An FMS AWC provider must inform the participant that they can choose anyone to perform services and supports including providers outside the agencies organization.

III. Rates for FMS AWC Services³

A. Rate Submission

As part of the certification process, applicants are required to submit a proposed rate or a fee schedule for FMS AWC services. The FMS AWC provider rates are established through

³ The Supports Broker will assist with negotiated rates for all other service workers.

the certification process. The FMS AWC provider's rate will be made available to the regional center and prospective participants and rates of approved applicants are published through the certification process. The actual service rate charged to the participant will be agreed upon and documented in the service agreement between the participant and the FMS AWC provider. Applicants are required to submit fiscal and program-related documentation relied upon as the basis for establishing the rate of payment as follows:

1. FMS AWC rates shall be based on any one or any combination of the following models that results in the most cost-effective purchase of services by the participant:
 - Hourly rates;
 - Monthly rates;
 - Flat rates;
 - Rates based on anticipated average monthly costs;
 - Rates based on the actual provision of services in a payment period; or
 2. Rates may reflect, as appropriate to the applicable method of negotiation with the participant, any combination of the following:
 - Salaries, wages, and benefits of all staff and the FMS AWC provider providing direct service;
 - Cost of the administration services necessary to maintain the FMS AWC provider direct service operation;
 - Operation expenses; and
 - Management organization costs.
 3. Costs must be reasonable as compared to other similar services provided in California. A cost is reasonable if, in its nature or amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.
- B. The FMS AWC provider must describe their knowledge of requirements and plan to maintain financial records and documents that support the expenses and other data used to derive the agreed-upon rate per the requirements of all applicable federal and state agencies (tax, labor, immigration, workers' compensation and Medi-Cal/DDS program).

IV. FMS AWC Self-Directed Service Delivery

1. Describe how the FMS AWC provider provides or plans to provide FMS AWC services in accordance with the philosophy of participant self-direction ensuring that SDS will be based on the following values/principles:
 - Freedom – The individual, with freely chosen family and friends, plans his or her life and customizes the purchase of needed resources and services.
 - Authority – The individual controls a certain sum of dollars in order to purchase the necessary supports.
 - Support – For the individual in arranging for resources and formal/informal personnel to assist him or her to reside in the community.
 - Responsibility – As evidenced through acceptance of a valued role in the community, and accountability for spending public dollars in ways that are life-enhancing.
 - Leadership – Through recognition of the important leadership role that self-advocates must hold in SDS.
2. State the mission and service delivery values of the organization.

3. List the FMS AWC services available from the organization.
4. Describe how the organization's array of services and service delivery methods differs from traditional personal assistance services and supports.
5. What systems, policies and procedures and internal controls are in place or planned to be implemented to ensure that the actual service delivery is or will be reflective of the philosophy of participant self-direction and the mission and the values of the organization?

V. California-Specific FMS AWC Service Delivery Policies, Procedures and Internal Controls

- A. The FMS AWC provider develops and maintains a California-specific FMS AWC Policies and Procedures Manual that includes all policies, procedures and internal controls for FMS AWC related operating tasks including staying up-to-date with SDS program rules and requirements. The manual must be updated as needed and no less often than annually.
- B. The manual shall include, but not be limited to written **policies and procedures and internal controls documented and in place** for FMS AWC services. Please describe the **written policies and procedures and internal controls documented and in place** for each of the functions listed below.
 1. Being employers of record for service workers employed by the FMS AWC provider including those who are recruited, referred and managed by participants or representatives.
 2. Providing FMS AWC services in which the participant or representative chooses to exercise their right to:
 - Recruit and refer prospective service workers to the FMS AWC provider for hire and assignment back to the participant;
 - Orient and train service workers (include a training agenda, curricula and schedule);
 - Determine service workers' terms and conditions of work and work schedules;
 - Supervise service workers' day-to-day activities;
 - Evaluate service workers' performance;
 - Discharge service workers as necessary from their work sites (homes); and
 - Request that the FMS AWC provider refer service workers for consideration and assignment to the participant.
 3. Providing FMS AWC to a participant or representative when he/she chooses not to perform one or more of the function(s) as listed:
 - Recruit and hire service workers;
 - Orient and train service workers⁴ (include a training agenda, curricula and schedule);
 - Establish service workers' duties;
 - Set terms and conditions of work;

⁴ It is recommended that the participant/representative be involved in the training of service workers even if they decide not to perform the task solely themselves.

- Supervise service workers' day-to-day activities;
 - Evaluate service workers' performance;
 - Discharge service workers from the work site (home); and,
 - Refer service workers as requested by participants for consideration for assignment to the participant ensuring at a minimum the following:
 - Determining if a service worker is a non-resident of California;
 - Processing criminal background clearances and obtaining clearances on prospective service workers as required or requested;
 - Verifying prospective service worker citizenship/alien status; and,
 - Verifying service worker qualifications.
4. Establishing and maintaining a system to enroll and disenroll participants and, when appropriate, their representatives with the FMS AWC provider. Please include brochures and other information provided on the role and services of the FMS AWC provider.
 5. Providing skills training to participants or representatives as requested regarding recruitment, training, managing and discharging service workers. Please include training topics, curricula and schedule.
 6. Maintenance of a service worker registry to assist participants, when requested, to access candidates for employment or as backup service workers. Please include a description of how a participant would access the registry for emergency backup service workers.
 7. Managing a payroll system for service workers and other FMS AWC employees, including, but not limited to collecting and processing of service workers timesheets, withholding, filing and depositing federal and state employment taxes and preparing and distributing service workers' payroll checks within the time period required by California EDD and providing workers' compensation insurance and other benefits to service workers as applicable.
 8. Developing and implementing a quality assurance program to ensure continuous quality improvement including measurements of participant/representative satisfaction.
 9. Maintaining all fiscal functions using generally accepted accounting principles (GAAP).
 10. Submitting claims to the regional center for payment to the FMS AWC provider for services rendered.
 11. Accepting electronic payments from the regional center.
 12. Tracking the provision of services in accordance with the participant's approved IPP and IB and reporting variances to the regional center.

VI. Status of Physical Plant, Equipment, Technology and Development, Implementation and Maintenance of Systems

A. FMS AWC Provider Access to On-Line Systems for Budgets and Billing

1. FMS AWC providers will utilize a component of the San Diego Information System (SANDIS). SANDIS is a Case Management, Resource, Referral and Information system maintained at each regional center.

Through this component an FMS AWC provider will submit invoices for reimbursement to the regional center. This component will capture summary information for regional centers, DDS, and the federal Centers for Medicare & Medicaid Services (CMS) to monitor and audit expenditures and for payment of regional center expenditure claims. The FMS AWC provider must retain records at its site and make them available for audit purposes. The FMS AWC provider will also have the ability to: 1) Create budget category transfers of up to 10 percent of the initial budget, and 2) View budget information, including regional center payments and budget balances.

In order to access this component of SANDIS an FMS AWC provider will need a personal computer (PC) with access to the Internet and the ability to download Java software updates. A dial up connection will probably be adequate but a higher speed connection such as DSL or cable is recommended.

B. Describe the organization's necessary physical plant location, size, and equipment (including computer hardware and software) adequate to effectively operate as an FMS AWC provider.

1. Describe the technologies and accommodations in place to adequately and effectively operate FMS AWC services including those listed below.
 - ☐ 24/7 toll-free number with voice mail capabilities
 - ☐ Internet web site with information regarding AWC services
 - ☐ Internet/e-mail communication
 - ☐ TTY line (accommodation for communicating with individuals with hearing impairments)
 - ☐ 24/7 fax (minimum 28.8 - standard)
 - ☐ Alternate/large print capabilities
 - ☐ Translation and interpreter services (including American Sign Language and services for persons with limited English proficiency)
2. Describe the FMS AWC **policies and procedures** for maintaining a current operational computer database that ensures timeliness and accuracy of data entry and storage, and meets the needs of the SDS program.
3. Describe the FMS AWC provider's **internal controls documented and in place** to monitor the maintenance of a current operational database that ensures timeliness and accuracy of data entry and storage and meets the needs of the SDS program.
4. Describe the FMS AWC provider's **policies, procedures and internal controls documented and in place** for addressing systems capabilities to expand for future growth in service volume.
5. Describe the FMS AWC provider's Disaster Recovery Plan for restoring software, master and electronic files and hard copy files. The plan must include a description of the hardware backup if management information systems are disabled, and the process which would allow for the continuation of budget allowance disbursements. The Disaster

Recovery Plan shall be tested and procedures practiced at least annually. To ensure the rapid return to limited operation, a typical plan must include at a minimum the following:

- Verification of the accuracy of software and data at return to operation.
- A description of what would give the FMS AWC provider the ability to return to full capacity as soon as possible.
- Verification of a complete backup of all non-software data sets at the end of each production day.
- Verification that the resultant discs are removed to an external secure site as appropriate and that the backup discs are cycled on at least a weekly basis.
- Verification that upon the installation of any software (new or upgraded), a complete backup (copy) of the software is available with the resultant tape(s) and/or discs removed to an external secure site and that the backups are retained in the grandfather, father, son scheme.
- Verification that the server is designed to employ a method of redundancy for operational integrity and production.
- Verification that all workstations attached to the FMS AWC provider's network have sufficient processing capability to be used interchangeably, and should be able to backup one another until repair or replacement can be affected on a failed workstation.
- Verification that the server is connected to a system which will condition incoming power to the server and provide sufficient processing time for the server to be correctly shutdown in the event of a power failure.
- A thorough description of the change of lines and methods of communication and command in the case of a systems or power failure by level.

VII. Staffing

1. Provide a copy of the FMS AWC provider's organizational charts for the organization and for the FMS AWC function. The organization chart for the FMS AWC function should identify individuals and their job titles, lines of supervision, major job duties and an indication of full-or part-time participation.
2. List key FMS AWC provider's management staff in place to show that the level of management staffing (Full-Time Equivalents), and staff qualifications and experience are sufficient to provide effective FMS AWC services. Provide job descriptions of all FMS AWC management staff positions and resumés of existing staff who will be working on the FMS AWC function for the SDS program.
 - a. Job descriptions should indicate minimum education, training, experience, special skills and other qualifications for each management position as well as specific responsibilities for FMS AWC operations.
 - b. Resumés should include, but not be limited to:
 - Experience with applicant,
 - Previous experience in projects of similar scope and size,
 - Where personnel have previously worked as a team on similar projects, resumé data should include responsibility and position within the team,
 - Educational background.
3. List key staff in place to show that the level of staffing (full or part-time equivalents), and staff qualifications and experience are sufficient to provide effective FMS AWC services.

4. Provide job descriptions of all FMS AWC provider staff positions and resumés of existing staff who will be working on the FMS AWC function for the SDS program.
 - a. Job descriptions should indicate minimum education, training, experience, special skills and other qualifications for each staff position as well as specific job duties for FMS AWC operations.
 - b. Resumés should include, but not be limited to:
 - Experience with applicant,
 - Previous experience in projects of similar scope and size,
 - Where personnel have previously worked as a team on similar projects, resumé data should include responsibility and position within the team,
 - Educational background.
5. Provide a summary of existing and anticipated staff resources for providing FMS AWC services in California. The summary should include job titles, indicate vacancies, and show the percentage of time or hours the position will be assigned to the California operation.
6. List the Executive Director of the FMS AWC or other person serving in like capacity receiving a criminal history background clearance.

VIII. Coordination and Communication between the FMS AWC Provider and the Regional Center

1. Describe the FMS AWC provider's **system and written policies and procedures** for coordinating its activities and communicating effectively with the regional center.
2. Describe the FMS AWC provider's **system and written policies and procedures** that clearly explain the FMS AWC provider's and the regional center role and responsibilities related to the SDS program.
3. Describe the FMS AWC provider's **documented internal controls for monitoring the effectiveness** of its coordination and communication activities with regional center related to participants enrolled in the SDS program and program requirements.
4. Describe the FMS AWC provider's **system and written policies and procedures** for providing information to and receiving information from the regional center electronically, as required.
5. Describe the FMS AWC provider's documented **internal controls for monitoring the effectiveness** of the provision of information to and the receipt of information from the regional center electronically.

IX. Administration – Preparing and Maintaining an Automated Comprehensive FMS AWC Policies and Procedures Manual

- A. Preparing and Maintaining an automated, Comprehensive FMS AWC Policies and Procedures Manual
 1. Provide a copy of the automated and comprehensive FMS AWC Policies and Procedures Manual that describes the FMS AWC function and all FMS AWC tasks, including a description of the written internal controls documented and in place for ensuring the monitoring and completion of all FMS AWC tasks.

2. Describe the FMS AWC provider's **system and written policies and procedures** for updating its FMS AWC Policies and Procedures Manual as needed, but at least annually.
 3. Describe the FMS AWC provider's **documented internal controls** for ensuring that its FMS AWC Policies and Procedures Manual is updated in an accurate, complete and timely manner.
- B. Staying up-to-Date with California Medi-Cal and DDS Program Rules for FMS AWC Providers
1. Describe the FMS AWC provider's **system and written policies and procedures** for reviewing and updating all applicable California Medi-Cal/DDS program rules for FMS AWC providers.
 2. Describe the FMS AWC provider's **internal controls documented** for monitoring the updating of all applicable California Medi-Cal/DDS program rules for FMS AWC providers.

X. Receipt, Disbursement and Tracking of Funds

1. Describe the FMS AWC provider's **system and written policies and procedures** for receiving and maintaining the participants' initial and updated IPP and IB from their regional center.
2. Describe the FMS AWC **provider's document internal controls** for monitoring the receipt and maintenance of the participants' initial and updated IPP and IB from their regional center.
3. Does the FMS AWC provider agree to enroll with the state Medicaid Agency as a Medi-Cal provider and has an executed Medi-Cal Provider Agreement to provide FMS AWC services for SDS program participants and their representatives so the FMS AWC may receive and disburse funds?
4. Describe the FMS AWC provider's **system and written policies and procedures** for billing the regional center in accordance with their procedures.
5. Describe the FMS AWC provider's **system and written policies and procedures** regarding the following:
 - Receiving and disbursing funding;
 - Tracking and reporting on funds received and disbursed;
 - Tracking and reporting on advances, if applicable;
 - Ensuring that funds are only used to pay for approved services, and;
 - Maintaining the appropriate documentation in each participant's file.
6. Describe the FMS AWC provider's **documented internal controls** for monitoring the following:
 - Effective receipt, disbursement and tracking of funds on behalf of participants;
 - Ensuring that funds are only used to pay for approved services,
 - Tracking and reporting advances, if applicable; and
 - Maintaining the appropriate documentation in each program participant's file.

7. Describe the FMS AWC provider's **system and written policies, procedures and internal controls** for interfacing with the regional center computer system.

XI. Administration – Record Management Process

1. Describe the FMS AWC provider's **system and written policies, procedures and internal controls** for monitoring the following:
 - Establishing and maintaining current participant, service worker and FMS AWC files on site in a secure and confidential manner per regional center requirements,
 - Meeting applicable⁵ Health Insurance Portability and Accountability Act of 1996 (HIPAA) and State Administrative Manual (SAM) requirements, and
 - Establishing and maintaining current participant, service worker and FMS AWC provider files for the proscribed period of time as required by applicable federal and state tax, labor, workers' compensation, immigration, State Controller's Office of Unclaimed Property and DDS program rules and regulations.
2. Describe the FMS AWC provider's **system and written policies, procedures and internal controls** for:
 - Establishing and maintaining archived participant, service worker and FMS AWC provider files in a secure and confidential manner per HIPAA and SAM requirements,
 - Meeting applicable HIPAA requirements, and
 - Establishing and maintaining archived participant, service worker and FMS AWC provider files in a secure and confidential manner for the proscribed period of time as required by applicable federal and state tax, labor, workers' compensation insurance agency and DDS program rules and regulations either on or off site.⁶
3. Describe the FMS AWC provider's **system and written policies, procedures and internal controls** for ensuring that access to participant's confidential information will be limited to FMS AWC office staff, and will ensure prudent safeguards to protect unauthorized disclosure of the participant information in its possession per HIPAA and SAM requirements. *(including data encryption when applicable).*

⁵ HIPAA establishes standards to protect the security and privacy of individually identifiable health information created, maintained, or transmitted for the purpose of providing or paying for health care. Under this regulation, it is necessary that the State establish written agreements with contractors who create, receive, maintain or transmit individually identifiable health information on behalf of the State to assure that said contractors will safeguard such information in accordance with the requirements of the 45 CFR 164.502(e), 45 CFR 164.504(e), 45 CFR 164.314(a) and SAM, Sections 4841.2 through 4841.7.

⁶ IRS requires that documentation be maintained for at least four years after the filing of required reports and longer if there are pending issues. The US Bureau of Citizenship and Immigration Status requires that the U.S. CIS Form I-9 be maintained for three years after the date of hire or one year after the date the employee employment is terminated, whichever is later.

4. Describe the FMS AWC provider's **system and written policies, procedures and internal controls** for notifying DDS within 24 hours when it receives a request for Medi-Cal information (including Freedom of Information Act (FOIA) requests) and for receiving written permission from the regional center or DDS before granting, allowing or otherwise offering access to Medi-Cal information.
5. Describe the FMS AWC provider's **system and written policies, procedures and internal controls** for obtaining written consent of an individual/representative before releasing any information regarding the individual to any entity or person other than the regional center or DDS.
6. Describe the FMS AWC **provider's system and written policies, procedures and internal controls** for making available participants' and employees' records for immediate review by the regional center and DDS and internal controls to monitor the successful completion of the process.
7. Describe the FMS AWC provider's **system and written policies and procedures and internal controls** for providing support for copying and invoicing documents requested through FOIA when determined to be releasable by the regional center or DDS and internal controls to monitor the successful completion of the process.

XII. Administration – Preparing and Submitting Required Reports to Regional Centers, and Participants⁷

1. Describe the FMS AWC provider's **system and written policies and procedures** for completing and distributing required reports to the participant and/or his/her representative, and the participant's Supports Broker (SB), with a copy to the participant's regional center and/or another FMS provider, such as Vendor F/EA⁸, for payment for services rendered. This report shall be sent electronically or in hard copy if requested.
2. Describe the FMS AWC provider's **documented internal controls** for monitoring the completion and distribution of required reports to the participant and/or their representative, and the participants SB, with a copy to the participant's regional center and/or another FMS provider, such as Vendor F/EA, on a monthly basis.

⁷ The requirements listed below reflect information that is required to be submitted to the regional center. The FMS AWC provider should note that there will be some instances where the information will need to be sent to DDS as well. The process will be defined prior to the effective date of the program.

⁸ If the Vendor F/EA is utilized the FMS AWC provider will be required to send reports and claims to the Vendor F/EA in addition to the regional center and the participant.

3. Describe the FMS AWC provider's **system and written policies and procedures** for providing financial and program information (monthly and annual reports as specified by DDS and the regional center) and transmitting any other required data/information to the regional center, and/or another FMS provider, such as Vendor F/EA.
4. Describe the FMS AWC provider's **documented internal controls** for monitoring the submission of financial and program information and reports, to the regional center and/or another FMS provider, such as Vendor F/EA, as required by the regional center.
5. Describe the FMS AWC **provider's system and written policies and procedures** to demonstrate their ability to submit claims to the regional center and/or another FMS provider, such as Vendor F/EA, for payment for services rendered.
6. Describe the FMS AWC provider's **documented internal controls** for monitoring the submission of claims to the regional center and/or another FMS, such as Vendor F/EA, for payment for services rendered.

XIII. Customer Service System

A. Grievance and Reporting System

1. Provide the toll-free number for the FMS AWC functions, staffed from 8:00 a.m. to 5:00 p.m. Pacific Standard Time Monday through Friday (except for holidays), and with voice message capability for calls received after hours, or plan for this provision. If the toll-free line has not been established at the time the application is submitted, please indicate the timeline for establishing the toll-free number.
2. Where is the customer service system located (provide the location address of the customer service system)? If you do not have a location in California, please provide a plan for establishing business in California.
3. Provide the administrative phone number that enables the regional center staff and/or its representatives to contact the FMS AWC staff directly or a plan for this provision.
4. Describe the FMS AWC provider's **written policies and procedures** for returning calls within 24 hours from the time the message is recorded.
5. Describe the FMS AWC provider's **system and written policies and procedures** for implementing and maintaining a system for receiving, returning, responding to and tracking calls, including grievances, from individuals and service workers during and after regular business hours, making note of any resolution that occurs. Describe the system to collect the following:
 - Date and time of call;
 - Name and title of persons/entities placing and receiving the call;
 - Issue/complaint raised by caller;
 - Level/severity of the issue/grievance;
 - Corrective action taken/resolution and date (this information shall be shared with the participant); and,
 - Date and documentation of reports submitted for special incidents and mandated reports consistent with number six (6) below.

6. Describe the FMS AWC **provider's system and written policies and procedures** for acting as a mandatory reporter⁹ particularly for reporting special incidents and financial fraud and abuse.
7. Describe the FMS AWC **provider's system and written policies and procedures** for developing and implementing corrective actions, recording them and the final outcomes in the communication, and the grievance receipt, response and tracking system.
8. Describe the FMS AWC provider's **documented internal controls documented** for monitoring its communication and grievance receipt, response and tracking system and its mandatory reporting system.

B. Notifications

1. Describe the FMS AWC provider's system of **written policies and procedures** for notifying participants and designated regional center staff in a timely manner in the event a payroll is processed and disbursed late (i.e., over five days past payday) or other incident occurs that affects the participant.
2. Describe the FMS AWC provider's **internal controls documented and in place** for monitoring the notification of participants and designated regional center staff in a timely manner in the event a payroll is processed and disbursed late (i.e., over five days past payday) or other incident occurs that affects the participant.
3. Describe the FMS AWC provider's system of **written policies and procedures** for notifying a participant's regional center when FMS AWC staff has been made aware of repeated or intentional incorrect reporting by a participant (e.g., untimely timesheet filing or over reporting of service worker's hours) and/or any incidences of financial fraud, abuse or a participant's inability to perform the tasks required by the FMS AWC.
4. Describe the FMS AWC provider's **internal controls documented and in place** to monitor the notification of a participant's regional center when FMS AWC staff has been made aware of repeated or intentional incorrect reporting by a participant (e.g., untimely timesheet filing or over reporting of service worker's hours) and/or any incidences of financial fraud, abuse or a participant's inability to perform the tasks required by the FMS AWC.

C. Communications

1. Describe the FMS AWC provider's system of **written policies and procedures** for receiving information from the regional center regarding participants who enroll in and disenroll from the SDS program.

⁹ The FMS AWC provider shall report incidents of financial abuse, fraud, exploitation or other incidents affecting the participant and the fiscal accountability of the service program that comes to the FMS AWC provider's attention pursuant to § 54327 of Title 17, CCR, and California State Child Abuse Reporting Law, Penal Code §11164 et seq. and reportable incidents for adult protective services as described in Welfare and Institutions Code §15600.

2. Describe the FMS AWC provider's **internal controls documented and in place** to monitor the receipt of information from regional center regarding participants who enroll in and disenroll from the SDS program.
3. Describe the FMS AWC provider's system of **written policies and procedures** for communicating effectively with participants in languages other than English and including American Sign Language and using a TTY line and/or state relay system, producing and distributing information and forms in alternate print.
4. Describe the FMS AWC provider's **internal controls documented and in place** to monitor communicating effectively with participants in languages other than English and including American Sign Language and using a TTY line and/or state relay system, producing and distributing information and forms in alternate print.

D. Principles of Self-Direction

1. Describe the FMS AWC provider's system of **written policies and procedures** related to effectively executing the principles of self-direction.
2. Describe the FMS AWC provider's **internal controls documented and in place** to monitor the execution of the principles of self-direction.

E. Cultural Sensitivity

1. Describe the FMS AWC provider's system of **written policies and procedures** related to staff and service workers being culturally sensitive in all business practices in order to communicate effectively with a diverse population of participants of all ages and with a variety of disabilities and chronic conditions.
2. Describe the FMS AWC provider's **internal controls documented and in place** to monitor the cultural sensitivity in all business practices in order to communicate effectively with a diverse population of participants of all ages and with a variety of disabilities and chronic conditions.

F. Training

1. Describe the FMS AWC provider's standard orientation and skills training curricula related to the FMS AWC function for participants (by phone or in person), as requested by the participant or representative and implemented by FMS AWC staff.
2. Describe the FMS AWC provider's customer service and financial services training curricula for FMS AWC staff ensuring that staff is trained in the applicable training requirements as outlined in the HCBS Waiver.
3. Describe the FMS AWC provider's **written internal controls** (evaluation process) for ensuring that FMS AWC customer service and financial services staff are trained effectively.

G. Satisfaction

1. Describe the FMS AWC provider's **system and written policies and procedures** for surveying participant feedback, experience and satisfaction with the receipt of FMS AWC services and have alternate methods for collecting this information (e.g., more than just mail surveys).

2. Describe the FMS AWC provider's **written internal controls** for monitoring the effectiveness of its methods of surveying participants' for feedback, their experience and satisfaction with the FMS AWC services they receive.

H. Other Customer Service Components

1. Describe the FMS AWC **provider's system and written policies and procedures** that detail all of the components of the FMS AWC provider's customer service system (not described above).
2. Describe the FMS AWC provider's **written internal controls documented** for monitoring all customer service system activities (not described above).

XIV. Producing and Disbursing Participants' Enrollment Packet and Service Agreement

1. Describe the FMS AWC provider's participant enrollment and service agreement packet ensuring that it is user-friendly and contains, at a minimum the following information:
 - a. FMS AWC provider welcome cover letter or brochure as developed by the FMS AWC provider that includes information about:
 - Key FMS AWC staff and contact information;
 - Toll-free number;
 - Fax number;
 - Web and e-mail addresses;
 - Hours of operation;
 - Role and responsibilities of the FMS AWC provider;
 - Role and responsibilities of the participant;
 - Employment status of the service worker; and,
 - Participant manual.
 - b. The Participant Service Agreement, with the FMS AWC provider, shall include, but not be limited to the following:
 - A statement affirming the participants knowledge of their role as managing employer and agreement to fulfill the managing employer responsibilities;
 - The duties to be performed by the participant's employees, including the FMS AWC provider, within authorized hours consistent with the participant's IPP;
 - A statement affirming their knowledge that only those services that have been agreed upon will be provided by the FMS AWC provider;
 - Expectations and standards for performance;
 - The billing process and pay rate for services and supports;
 - A statement that all information submitted to the participant as managing employer or the FMS AWC provider as co-employer, for purposes of billing and payment is to be accurate and complete;
 - A statement that the FMS AWC provider will only make payments on those services and supports agreed upon in the IPP;
 - A statement of compliance with all state and federal statutes and regulations related to providing SDS;
 - A statement affirming the participant's legal, civil and service rights and the duty of the service worker to honor these rights;
 - A statement agreeing to maintain the participant's privacy and security of confidential personal information; and

- A statement acknowledging that this agreement will be construed and interpreted in accordance with the laws of the State of California.
- c. Participant Service Agreement Packet check list:
- Employee Timesheet Submission and Payday Schedule;
 - Employer-Employee Agreement to be signed by the participant and the service worker; and
 - Self-addressed stamped envelope.
2. Describe the FMS AWC **provider's system and written policies and procedures** for producing and distributing the Participant Service Agreement Packets.
 3. Describe the FMS AWC provider's **written internal controls documented and in place** to monitor the production and distribution of Participant Service Agreement Packets.
 4. Describe the FMS AWC **provider's system and written policies and procedures** for collecting, reviewing and processing the information contained in the Participant Service Agreement Packets.
 5. Describe the FMS AWC provider's **written internal controls** for monitoring the collection, review and processing of the information contained in the Participant Service Agreement Packets.

ADDENDUM 1

[illegible]

Department of Developmental Services
Self-Directed Services
Agency-With-Choice Checklist of Required Application Documents

Required Documents	Detail	Included
	<p>corporation;</p> <p>4. If out-of-state applicant, give name and address of local representative, if none, so state;</p> <p>5. Address of California location if different from that previously stated, if none so state;</p> <p>6. If any of the applicant's personnel named is a current or former California state employee, indicate DDS or Agency where employed, position, title, and termination date;</p> <p>7. If the applicant has contracted with the State of California, please indicate the contract number and/or any other information available to identify the engagement; if not, so state;</p> <p>8. Applicant's state and federal identification numbers;</p> <p>9. Documentation of Agency FEIN to file IRS forms on behalf of participants; and,</p> <p>10. A listing of any litigation that may affect the performance of FMS AWC functions, if none, so state.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Registration with California Secretary of State	Provide documentation that the FMS AWC provider is registered with the California Secretary of State to do business in California (if you are a sole proprietorship you must provide an endorsed copy of your business license showing proof that you are licensed and in good standing with the county or city in which you are doing business).	<input type="checkbox"/>
Certificates of Insurance	<p>Certificates of Insurance fully executed by officers of the Insurance Company indicating the amount and term of the coverage for:</p> <p>1. Commercial General Liability Insurance;</p> <p>2. Insurance covering special hazards; and,</p> <p>3. Worker's Compensation insurance for all employees employed at the California FMS AWC project site(s). If this insurance has not been obtained, so state and certify that such insurance will be in place at the start of operations in California.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fiduciary Bond and/or Performance Bond	Submit a copy of the fiduciary bond and/or performance bond showing the term of the bond and the amount. If, the applicant does not currently have fiduciary or performance bonds, so state and certify that such bonds will be in place in the amount determined by the State or regional center before operations begin.	<input type="checkbox"/>
Medi-Cal Provider Agreement Listing	<p>1. A list off all current Medi-Cal Provider Agreements with other states;</p> <p>2. A list of all former Medi-Cal Provider Agreements with other states including contract dates and reasons for termination;</p>	<input type="checkbox"/> <input type="checkbox"/>

Department of Developmental Services Self-Directed Services Agency-With-Choice Checklist of Required Application Documents		
Required Documents	Detail	Included
	3. A list of the names, addresses, phone numbers and email addresses for state contacts for current and former Agreements; and, 4. A list of any litigation that arose while the applicant was under a Medi-Cal Provider Agreement where the applicant was a party to the litigation.	<input type="checkbox"/> <input type="checkbox"/>
Corporate Financial Condition	Applicants should demonstrate adequate financial resources for performance of the FMS AWC tasks as evidenced through submission of the latest three (3) years' financial statements, preferably audited, including a balance sheet and profit and loss statement, or other appropriate documentation of financial resources.	<input type="checkbox"/>
Rate	1. Rate for provision of service, and 2. The FMS AWC provider's fiscal and program-related documentation relied upon as the basis for establishing the rate of payment.	<input type="checkbox"/> <input type="checkbox"/>
Description of Physical Plant, Equipment, Technology	1. A description of the physical plant, equipment, technological and development, system implementation and maintenance; 2. Description of the automated system for submitting claims to the regional center for reimbursement of IB funds expended for participants and for FMS services; 3. Description of the system for accepting electronic payments from the regional center; 4. Description of the automated payroll system; 5. Description of system to track tax deposits on behalf of participants; 6. Description of system to track Medi-Cal funds; and, 7. Description of organization's website including the capability of participants to download timesheets and other forms.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Disaster Recovery Plan	Plan and documentation that it has been tested within the last 12 months.	<input type="checkbox"/>
Detailed Organization Chart for FMS AWC Function	The organization chart for the FMS AWC function should identify individuals and their job titles, lines of supervision, major job duties and an indication of full or part time participation.	<input type="checkbox"/>
Personnel Qualifications and	1. List key FMS AWC management staff in place with title and whether	<input type="checkbox"/>

Department of Developmental Services
Self-Directed Services
Agency-With-Choice Checklist of Required Application Documents

Required Documents	Detail	Included
Conflict of Interest	<p>they are full or part time;</p> <p>2. Provide job descriptions of all FMS AWC management staff positions and resumés of existing management staff who will be working on the FMS AWC function for the SDS program;</p> <p>3. List key FMS AWC staff currently in place with title and whether they are full or part time;</p> <p>4. Provide job descriptions and resumés of existing staff who will be working on the FMS AWC function for the SDS program;</p> <p>5. Provide a summary of existing and anticipated staff resources for providing FMS AWC services in California. The summary should include job titles, indicate vacancies, and show the percentage of time or hours the position will be assigned to the California operation; and,</p> <p>6. Verify that management staff and other staff do not have conflicts of interest.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
California-Specific FMS AWC Policies and Procedures Manual	<p>1. California-specific Policies and Procedures Manual; and,</p> <p>2. If used to satisfy various submission requirements, include a cross reference of each requirement and the related page and section of the Manual.</p>	<input type="checkbox"/> <input type="checkbox"/>
Quality Assurance Program	<p>1. Copy of the implemented QA program;</p> <p>2. Explain how the organization stays current with federal/state rules/regulations on FMS AWC activities and Household Employers/Employees; and,</p> <p>3. Copy of latest participant satisfaction survey. If there is not one, so state.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Coordination with Regional Center	Describe the role of the FMS AWC in coordinating with the regional center.	<input type="checkbox"/>
Participant Enrollment	<p>1. Copy of California-specific Participant Enrollment Packet;</p> <p>2. Description of how packets are distributed and/or made available to participants;</p> <p>3. Copy of California-specific participant service agreement; and,</p> <p>4. Training agenda, curricula and schedule for providing standard and individualized training to participants and representatives on</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Department of Developmental Services Self-Directed Services Agency-With-Choice Checklist of Required Application Documents		
Required Documents	Detail	Included
	employer responsibilities, the role of the FMS AWC, etc. under customer service.	<input type="checkbox"/>
Service Worker Employment Packet and Criminal Background Clearance	1. Copy of Service Worker Employment Packet, 2. Example of completed release form for processing criminal background clearances and obtaining clearances on prospective employees.	<input type="checkbox"/> <input type="checkbox"/>
Customer Service	1. Describe the customer service system, 2. Where is the customer service system located? Will the location change if the organization provides services in California?	<input type="checkbox"/> <input type="checkbox"/>
HIPAA Complaint Record Maintenance	Description of the system for developing and maintaining FMS AWC participant, service worker, and vendor records and files (both current and archived) that is HIPPA compliant.	<input type="checkbox"/>

ADDENDUM 2

CRITERIA FOR EVALUATION

The following "Evaluation Criteria" contains a brief description of the standards and qualifications set forth in this RFQ. These standards and qualifications must be met in order to be certified. To read a more detailed description of the standards and qualifications please refer to the RFQ. The "Evaluation Criteria" follows the sequence of the RFQ. Evaluations will be conducted by an Application Review Committee.

Applications will be scored as either satisfactory (S) or unsatisfactory (U). A satisfactory score is one which meets or exceeds the requirements stated in this RFQ. An unsatisfactory score will be given to proposals that contain false, misleading or vague statements, or which provide references which do not support an attribute or condition claimed by the applicant.

1. All applications will be evaluated in a comprehensive, fair and impartial manner;
2. Applications that do not contain all of the required documents and/or did not conform to the submission date and time, and/or did not conform to other requirements set forth in RFQ will be rejected without further evaluation; and,
3. To receive an Affidavit of Certification, FMS AWC applicants must meet all criteria identified in the following scoring sheet.

EVALUATION CRITERIA			
I. Checklist of Required Documents (page 10 and 26)		S	U
1	All the information requested in Addendum 1 must be received by DDS in order to proceed with this evaluation.		
II. Basic Federal and State Requirements (page 10)		S	U
A	Provide proof that you are certified/licensed to do business in California.		
B	Provide proof that the FMS AWC provider has all required business licenses.		
	Additional criteria – Do the customer's letter of recommendation support an attribute or condition claimed by the applicant?		
C	Medi-Cal Provider Agreement		
1	Medi-Cal Provider Agreement in other states (current).		
2	Medi-Cal Provider Agreement in other states (previous).		
3	Reasons for termination of the Medi-Cal Provider Agreements.		
4	In good standing with the states they currently provide FMS AWC services?		

EVALUATION CRITERIA			
5	A list of judgments that were rendered administratively or by the courts.		
6	Written policies and procedures and internal controls for Medi-Cal Provider Agreement.		
7	Written policies and procedures and internal controls for monitoring the receipt of the participants' UCI number.		
D	Conflict of Interest		
1	Certified that personnel are free of any conflict of interest.		
2	Certified that personnel are not employees or board members of certain entities if they receive services from those entities.		
3	Policies, procedures and internal controls to ensure that the participant is given the opportunity to select any qualified service worker.		
III. FMS AWC Rates (page 11)		S	U
A	Rate Submission		
1	The FMS AWC provider rates shall be based on the models listed resulting in cost-effective POS.		
2	Rates may reflect any combination of the items listed.		
3	Cost must be reasonable as compared to other similar services provided in California.		
B	The FMS AWC provider describes its knowledge of requirements and plans to maintain financial records and documents.		
IV. FMS AWC Self-Directed Service Delivery (page 12)		S	U
1	Describe how the FMS AWC provider provides or plans to provide services in accordance with the philosophy of participant self-direction.		
2	State the mission and service delivery values of the organization.		
3	List the FMS AWC services available.		
4	How does the organizations array of services and service delivery differ from traditional service and supports?		
5	Policies and procedures and internal controls in place to ensure services are reflective of the philosophy of the participant and the mission a values of the organization.		

EVALUATION CRITERIA			
V. California-Specific FMS AWC Service Delivery Policies, Procedures and Internal Controls (page 14)		S	U
A	Does the FMS AWC provider have a California-specific FMS AWC written Policies and Procedures Manual that is updated no less often than annually and includes all policies, procedures and internal controls regarding operating tasks and for staying up-to-date.		
B	The Policies and Procedures Manual shall include written policies and procedures and internal controls documented and in place for FMS AWC services. Are written policies and procedures and internal controls documented and in place for the following:		
1	Being FMS – AWC employer of record.		
2	Providing FMS AWC services in which the participant or representative chooses to exercise their right to provide employer duties as listed.		
3	Providing FMS AWC services in which the participant or representative chooses not to exercise their right to provide employer duties as listed.		
4	Enrollment and disenrollment of the participant.		
5	Skills training of participants or representatives.		
6	Maintenance of a service worker registry.		
7	Managing payroll.		
8	Developing and implementing a quality assurance program.		
9	Maintaining all fiscal functions.		
10	Submission of claims.		
11	Accepting electronic payments from the regional center.		
12	Tracking the provision of services in accordance with the participant's approved IPP and IB.		
VI. Status of Physical Plant, Equipment, Technology and Development, Implementation and Maintenance of Systems (page 14)		S	U
A	FMS Provider Access to On-Line Systems for Budgets and Billing.		
1	Does the FMS AWC provider have a personal computer (PC) with access to the internet, unless the local regional center makes some other arrangement?		
B	FMS AWC organization's physical plant location, size, and equipment.		
1	Describe the Technologies and accommodations in place.		

EVALUATION CRITERIA			
2	Policies and procedures for maintaining a current operational computer database.		
3	Internal controls documented and in place to monitor the maintenance of a current operational database.		
4	Procedures and internal controls documented and in place for addressing systems capabilities.		
5	Describe the FMS AWC disaster recovery plan.		
VII. Staffing (page 16)		S	U
1	Does the Executive Director of the FMS AWC or its designee serving in like capacity or any of the proposed staff have any experience in providing bill paying services and activities that facilitate employment of service workers including tax withholding payments and benefits?		
2	Has the Executive Director of the FMS AWC or other persons serving in like capacity received a criminal history background clearance?		
VIII. Coordinating and Communication between the FMS AWC provider and Regional Center (page 17)		S	U
1	Written policies and procedures for coordinating its activities and communicating with regional centers.		
2	Written policies and procedures of regional center role and responsibilities.		
3	Internal controls documented and in place to monitor the effectiveness of its coordination and communication with regional centers.		
4	Written policies and procedures providing and receiving information electronically from the regional centers.		
5	Internal controls documented and in place to monitor the effectiveness of providing and receiving information electronically from the regional center.		
IX. Administration – Preparing and Maintaining an Automated Comprehensive FMS AWC Policies and Procedures Manual (page 17)		S	U
A	Preparing and Maintaining an automated, Comprehensive FMS AWC Policies and Procedures Manual		
1	Provide a copy of the automated and comprehensive Policies and Procedures Manual including the internal controls.		
2	Written policies and procedures for updating the Policies and Procedures Manual.		

EVALUATION CRITERIA			
3	Internal controls documented and in place for updating the Policies and Procedures Manual.		
B	Staying up-to-Date with California Medi-Cal and DDS Program Rules for FMS AWC providers		
1	Written policies and procedures for reviewing and updating all applicable Medi-Cal/DDS rules for FMS AWC providers.		
2	Internal controls documented for monitoring the up-dating of all applicable Medi-Cal/DDS program rules.		
X. Receipt, Disbursement and Tracking of Funds (page 18)		S	U
1	Written policies and procedures for receiving and maintaining the participants initial and updated IPP and IB.		
2	Internal Controls documented and in place for receiving and maintain the participants initial and updated IPP and IB.		
3	Does the FMS AWC agree to enroll with the State Medicaid Agency as a Medi-Cal provider and has an executed Medi-Cal Provider Agreement?		
4	Written policies and procedures for billing the regional center.		
5	Written policies and procedures receiving, disbursing, tracking and reporting funds.		
6	Internal Controls documented and in place for receiving, disbursing, tracking and reporting funds.		
7	Written policies and procedures and internal controls for interfacing with the regional center computer system.		
XI. Administration – Record Management Process (page 19)		S	U
1	Written policies and procedures for establishing and maintaining files meeting regional center, HIPPA requirements and all other state and federal laws.		
2	Internal Controls documented and in place for establishing and maintaining files meeting regional center, HIPPA requirements and all other state and federal laws.		
3	Written policies and procedures and internal controls for ensuring that access to participant's confidential information is limited and meets HIPPA and SAM requirements.		
4	Written policies and procedures and internal controls for allowing access to Medi-Cal information.		
5	Written policies and procedures and internal controls for obtaining written consent before releasing information.		

EVALUATION CRITERIA			
6	Written policies and procedures and internal controls documented and in place for making records available immediately to the regional center and DDS.		
7	Written policies and procedures and internal controls for providing coping and invoicing of documents when requested through FOIA.		
XII. Administration – Preparing and Submitting Required Reports to Regional Centers and Participants (page 20)		S	U
1	Written policies and procedures for completing and distributing required reports.		
2	Internal Controls documented and in place for completing and distributing required reports.		
3	Written policies and procedures for providing financial program information and transmitting of information.		
4	Internal Controls documented and in place for providing financial and program information and transmitting other data.		
5	Written policies and procedures for submitting claims.		
6	Internal controls documented and in place for submitting claims.		
XIII. Customer Service Systems (page 21)		S	U
A	Grievance and Reporting System		
1	A toll-free number with voice message capacity, or a plan for this provision.		
2	Location address of the customer service system or a plan for establishing business in California.		
3	Administrative phone number or a plan for this provision.		
4	Written policies and procedures for returning calls within 24 hours.		
5	Written policies and procedures for implementing and maintaining a system for calls making note of any resolution that occurs.		
6	Written policies and procedures for acting as a mandatory reporter.		
7	Written policies and procedures for developing and implementing corrective actions.		
8	Internal controls documented and in place for monitoring its communication and grievance receipt, response, tracking and reporting.		
B	Notifications		

EVALUATION CRITERIA			
1	Written policies and procedures for notification when a payroll is processed late.		
2	Internal controls documented and in place for notification when a payroll is processed late.		
3	Written policies and procedures for notification when intentional incorrect reporting, financial fraud, abuse or the participants inability to perform tasks.		
4	Internal controls documented and in place for notification when the FMS AWC has been made aware of intentional incorrect reporting, financial fraud, abuse or the participants inability to perform tasks.		
C	Communications		
1	Written policies and procedures for receiving information from the regional center regarding participants who enroll and disenroll in SDS.		
2	Internal controls documented and in place for receiving information from the regional center regarding participants who enroll and disenroll in SDS.		
3	Written policies and procedures for communicating effectively with participants.		
4	Internal controls documented and in place for communicating effectively with participants.		
D	Principles of Self-Direction		
1	Written policies and procedures related to effectively executing the principles of self-direction.		
2	Internal controls documented and in place related to effectively executing the principles of self-direction.		
E	Cultural Sensitivity		
1	Written policies and procedures related to staff and service workers being culturally sensitive.		
2	Internal controls documented and in place related to being culturally sensitive.		
F	Training		
1	Standard orientation and skills training curricula.		
2	Customer service and financial service training curricula.		
3	Internal controls for ensuring for ensuring staff are trained effectively.		
G	Satisfaction		

EVALUATION CRITERIA			
1	Written policies and procedures for surveying participant feedback, experience and satisfaction with FMS AWC services.		
2	Internal controls documented and in place for surveying participant feedback, experience and satisfaction with FMS AWC services.		
H	Other Customer Service Components		
1	Written policies and procedures that detail the components of customer service system (not described above).		
2	Written internal controls documented and in place for monitoring customer service system activities (not described above).		
XIV. Producing and Disbursing Participants' Enrollment Packet and Service Agreement (page 24)		S	U
1	Describe the FMS AWC's participant Enrollment and Service Agreement Packet (it must contain at a minimum the information listed in the RFQ).		
2	Written policies and procedures for producing and distributing the Participant Service Agreement Packet.		
3	Internal controls documented and in place for producing and distributing the Participant Service Agreement Packet.		
4	Written policies and procedures for collecting, reviewing and processing the information in the Participant Service Agreement Packet.		
5	Internal controls documented and in place for collecting, reviewing and processing the information in the Participant Service Agreement Packet.		